PTO/SB/17 (10-08)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known					
				- · · · · · · · · · · · · · · · · · · ·		10/526,967-Conf. #7967 September 19, 2005			
									For FY 2009
Applicant claims small entity status. See 37 CFR 1.27						1795			
				Art Unit		22409-00356-US			
TOTAL AMOUNT OF PAYMENT (\$) 0.00				Attorney Docket No. 22409-003			.03		
METHOD OF	PAYMENT (check	all that apply)							
Check	Credit Card	Money Order	Nor	ne Other (please identif	y):			
Deposit Ac	count Deposit Account N	lumber: 22-0	185	Deposit /	Account Name	Connolly Bo	ve Lodge &	Hutz LLP	
For the	above-identified depo	sit account, the Dir	ector is	hereby authorize	ed to: (chec	k all that apply))		
CI	harge fee(s) indicated	below		Charge	e fee(s) ind	licated below, e	except for th	ne filing fee	
	harge any additional f e(s) under 37 CFR 1.		nents of	X Credit	any overpa	ayments			
FEE CALCUI	LATION								
1. BASIC FILIN	G, SEARCH, AND E								
	FII	ING FEES Small Entity	SEA	ARCH FEES Small Entity	EXAMIN	IATION FEES Small Entity	3		
Application Ty	ype <u>Fee (\$</u>		Fee (\$		Fee (\$)	Fee (\$)	Fees F	Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLA								Small Entity Fee (\$)	
Fee Description		1120)					<u>Fee (\$)</u> 52	26	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						220	110		
Multiple depend	·	ading recipiones,					390	195	
			ee Paid (\$)	Paid (\$) Multiple Dependent Claims					
36		Fe	e (\$)	Fee Paid (\$)				
HP = highest num	ber of total claims paid for	, if greater than 20.						_	
Indep. Claims	Extra Claims	Fee (\$)	F	ee Paid (\$)					
2 HP = highest num	- 2 =ber of independent claims	- `	3.						
3. APPLICATIO If the specification listings und	·	ceed 100 sheets of the application size	paper fee du	e is \$270 (\$135 f)	
<u>Total Sheet</u>				dditional 50 or frac			Fee I	Paid (\$)	
	100 =	/50 =		(round up to a who	ole number)	х	=		
4. OTHER FEE(· •) C (11	4 45	4			<u>Fees</u>	<u>Paid (\$)</u>	
-	Specification, \$130 strenge 130 strenge	•	ty disco	ount)					
	iaic ming suicharge):								
SUBMITTED BY	/Michael O. Marris	-1	1	Registration No.	20.440	T-1	(202) 22	1 7111	
Signature	/Michael G. Verga			(Attorney/Agent)	39,410	Telephone	()		
Name (Print/Type)	Michael G. Verga					Date S	september	30. 2009	